

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |  |
|---|--|
| 1. File Number U - <u>8429</u>  | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>   |
| 3. Name and address of person filing.<br>Name <u>James</u> <u>Marold</u><br>P.O. Box, Bldg., Room No., if any <u>292</u><br>Street <u>312 Central Ave</u><br>City <u>Minneapolis</u><br>State <u>MN</u> ZIP Code + 4 <u>55414</u> | 4. Name, file number, and address of labor organization.<br>Name <u>IBEW Local 292</u><br>Labor Organization File Number <u>027529</u><br>P.O. Box, Building and Room Number, if any <u>292</u><br>Street <u>312 Central Ave</u><br>City <u>Minneapolis</u><br>State <u>MN</u> ZIP Code + 4 <u>55414</u> |
| 5. Position in labor organization. <u></u>  |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

|   |  |
|---|--|
| 6. Name and address of Employer (including trade name, if any).<br>Name <u></u><br>Trade Name, if any: <u></u><br>P.O. Box, Bldg., Room No., if any <u></u><br>Street <u></u><br>City <u></u><br>State <u></u> ZIP Code + 4 <u></u> | 7.a. Nature of Interest, Transaction, or Income.<br><u></u><br>7.b. Amount.<br><u></u> |
|---|--|

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

James Marold

On

7/28/05  
Date

952-945-0292

Telephone Number

Name of Person Filing James Harold

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IBEW 292 Health Care Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 430

Street 5100 Gamble Dr

City St Louis Park

State MN ZIP Code + 4 55416

14.a. Nature of payment.

6 Trustee meetings lunch  
And room Rental

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

33.

Name of Person Filing James Harold

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

12.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name I BEU 292 Health Care PlanTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 430Street 5100 Gamble DrCity St Louis ParkState MN ZIP Code + 4 55416

14.a. Nature of payment.

Summer Trust meeting 7-14-04  
7-16-0413.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

709.

|                       |                |
|-----------------------|----------------|
| Name of Person Filing | File Number U- |
|-----------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Jerry Carlisle  
Trade Name, if any: Independent Fiduciary Services  
P.O. Box, Bldg., Room No., if any Suite 1120  
Street 805 15th St NW  
City Washington DC  
State DC ZIP Code + 4 20005

14.a. Nature of payment.

Attended AN educational Conference  
Dinner

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

90.00

|   |                |
|---|----------------|
| Name of Person Filing <u>James Harold</u> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Jerry Carlisle  
Trade Name, if any: Independent Fiduciary Services  
P.O. Box, Bldg., Room No., if any Suite # 1120  
Street 805 15th St NW  
City Washington  
State DC ZIP Code + 4 20005

14.a. Nature of payment.

Attended An educational Conference in Orlando \$1 - Dinner

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$19.

|   |                |
|---|----------------|
| Name of Person Filing <u>James Marold</u> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name New York Life Trust Mgt.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 690 Canton St

City Westwood

State MA ZIP Code + 4 20090

14.a. Nature of payment.

IBEW Conference in Wash. DC.  
Dinner

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

45.75

File Number U-

of Person Filing

James Marold

has an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) a substantial part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).

Address  
City  
State  
ZIP Code + 4

If 9.b. or 9.c. is checked give trust or employer's name.

Name  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State  
ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name New York Life Insur. Mgt.  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 690 CANTON ST  
City Westwood  
State MA ZIP Code + 4 02090

13.b. Is the Business an Employer ☐

or Consultant ☒ ?

14.a. Nature of payment.

IBEW Conference in Wash. D.C.  
Refreshments

14.b. Amount of payment.

16.76

Name of Person Filing Ames Marold

Has an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business employer whose employees your labor organization represents or is actively seeking to represent, or any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any):

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any):

Name New York Life Invest. Mgmt.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 690 Canton St

City Westwood

State MA ZIP Code + 4 2090

14.a. Nature of payment.

Investment management  
Seminar - Dinner

14.b. Amount of payment.

47.31

13.b. Is the Business an Employer ☐ or Consultant ☒ ?



Name of Person Filing

James Harold

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name New York Life Insur. Mgt.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 690 Canton St

City Westwood

State MA ZIP Code + 4 20090

14.a. Nature of payment.

Apprenticeship meeting Refreshments

14.b. Amount of payment.

9.88